

Print Name:___

_____ Signature:

PASSAIC VALLEY SEWERAGE COMMISSION FATS, OILS & GREASE ANNUAL CERTIFICATION

REPORTING PERIOD _____

Customer #:							
Company Name:							
Address:			Di	ie Date: _	OF BUSINESS		
				1. 1176	DOSINESS		
☐ Bakery ☐ Delicatessen				☐ School ☐ Meat Market ☐ Al			FL/Nursing Home
☐ Restaurant/E Stat		nvenience/G	as 🗆	Fish Marl	ket 🗆 Grocer	ry Store	Hospital/Medical Dother, fill in below
		(8	Business) Other:_			
					OOD EQUIPME	NT	
Type of Food Equipment	Yes/No	Maintained By		Cleaning Frequency		Quantity	Comments
Deep Fryer							
Hot Grill							
Stove							
Meat Slicer							
Rotisserie							
			3. TYPE	OF EXTR	ACTOR EQUIP	MENT	
		Yes/No	Main	tained By	Cleaning Frequency	Quantity	Comments
Below Ground/Indoor Grease Trap(s)							
Above Ground/Indoor	Grease Taps(s)						
Below Ground/Outdoor	Grease Trap(s)					
Above Ground/Outdoor	Grease Trap(s)					
Below Ground/Indoor Grease Interceptor(s)							
Above Ground/Indoor Grease							
Interceptor(s) Below Ground/Outdoor Grease							
Interceptor(s) Above Ground/Outdoor Grease							
Interceptor	·(s)						
Indoor Storage	Tank(s)						
Outdoor Storage	Tank(s)						
Indoor Contain	. , ,						
Outdoor Cont	ainer		4 10/	CTE DAA	FEDIAL HAAIDI	ING	
			4. W		FERIAL HANDL Dil/Grease	ING	
Pumping Company:	□ Self	Maintained	□ Ser	vice Provi			(Attach Copy(s)
. amping company.	ncy:			□ N/A	(Attach copy(3)		
	5. Is	· ·		mainter	nance log curre		intained?
				n Copy(s)			
assure that qualified perspersons directly responsible	sonnel properl ole for gatherir	document and all y gather and eval	attachmer uate the ir , the inforn	nts were pre oformation s nation subm	ubmitted. Based o tted, to the best of	rection or supervision my inquiry of the my knowledge and	on in accordance with a system designed to e persons who manage the system or those belief are true, accurate and complete. I am ent for knowing violations.

_ Date:__